



I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

By: Helene Isabel

Date: September 29, 2005

MAIL STOP RCE

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Patent Application Of: :  
Rozlyn A. Krajcik, *et al.* :  
Conf. No.: 5919 : Group Art Unit: 1617  
Appln. No.: 10/073,607 : Examiner: Jennifer M. Kim  
Filing Date: February 11, 2002 : Attorney Docket No.: 4555-43U1  
Title: METHODS AND COMPOSITIONS FOR THE TREATMENT OF ALOPECIA  
AND OTHER DISORDERS OF THE PILOSEBACEOUS APPARATUS

**AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**UNDER 37 C.F.R. § 1.114**

This is a request under 37 CFR § 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed December 28, 2004 (Paper No. 12152004), in lieu of an Appeal Brief in support of a Notice of Appeal that was filed on June 29, 2005 (mailed June 27, 2005 under 37 C.F.R. § 1.8), with a three-month extension of time and fee. Enclosed are the following in support of the RCE under 37 C.F.R. § 1.114:

Enter the unentered Amendment previously filed on \_\_\_\_\_ under 37 CFR 1.116 in the above application.

An Amendment.

A Second Supplemental Information Disclosure Statement, PTO/SB/08A and cited references.

A Petition for Extension of Time (1 month) to September 29, 2005 for the pending application.

Other: Declaration Under 37 C.F.R. § 1.132 of Rozlyn A. Krajcik, Ph.D., R.Ph.

The following fees are enclosed:

RCE fee of **\$395.00** required under 37 C.F.R. 1.17(e).

Extension of time fee in the amount of **\$60.00**.

Additional claim fees of \_\_\_\_\_ for excess claims submitted in the enclosed Amendment, calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	18	(-)	or 20	0	x25		x50	
INDEP.	1	(-)	or 3	0	x100		x200	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				+\$180			+\$360	
					<b>TOTAL</b>	<b>0</b>	<b>TOTAL</b>	

Firm checks totaling **\$455.00** is enclosed herewith.

The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 204555.0105) as noted below. A duplicate copy of this sheet is enclosed.

Any overpayments or deficiencies in the above-calculated fee(s).

RCE fee in the amount of \$\_\_\_\_\_.00.

Extension fee in the amount of \$\_\_\_\_\_.00.

Additional claim fee(s) in the amount of \$\_\_\_\_\_.00 as calculated above.

Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.

In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

Respectfully submitted,

**ROZLYN A. KRAJCIK, et al.**

Sept. 29, 2005  
(Date)

By:



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